J.S. Department of Labor fice of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

Street Tage was

Salsbery

1. File Number

Name Donald

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

Name UFCW Int'l Union

Labor Organization File Number

2004

4. Name, file number, and address of labor organization.

P.O. Box, Building and Room Number, if any

Through: 12

000-056

Telephone Number

I 1//D & Street, NW	Street 1775 K Street, NW		
City Washington	City Washington		
State District of Columbia ZIP Code + 4 20006	State District of Columbia ZIP Code + 4 20006		
5. Position in labor organization. Director of Finance			
A Held an interest in engaged in transpositors (including to the	sions set forth in the instructions):		
	on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name	and the control of th		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
City			
State ZIP Code + 4	and the second s		
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions)			

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Name of Person Filing Donald Salsbery B. Held an interest in or derived income or economic benefit with monetary vesubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in		File Number U-		
substantial part of which consists of buying from, selling or leasing to, or other				
(2) any part of which consists of buying from or sening of leasing directly of modeling with your labor organization or with a trust in which your labor organiz	rwise dealing with the busine: ively seeking to represent, or directly to, or otherwise	ss		
8. Name and address of Business (including trade name, if any). Name Calibre CPA Group Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1850 K St NW City Washington	9. Business deals with: a. Labor Organiz b. Trust c. Employer	ation	ą.	
State District of Columbia ZIP Code + 4 20006 10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea	ling.	Makes the state of	
	Accounting Servic	es Biografication		
		inderendaning describe		rome con design Guera da Roman
Trade Name, if any:		digitaj kon 1921 od digitaj kaj kilo 1920 graz pod kon primarnija ko		
P.O. Box, Bldg., Room No., if any		ologia esperiologia de la composita de la comp		
Street Street	11.b. Approximate dollar va	lue of such dealing	Factor de la constant	\$311,56
City PERSONAL TECHNICAL PROPERTY OF THE PROPER	12.a. Nature of interest he		Villadi and	
State ZIP Code + 4	Golf green fees			
	12.b. Amount.			\$11
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	y or other thing of value.			484-81-101-101-101-101-101-101-101-101-101-
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. Golf greens fee	and dinner		
Name Voyageur Asset Management				
Trade Name, if any:		15. m (d. 259.5) 22. den 1931 Gregoria 23. 1. 239 de 1913.		mana di
P.O. Box, Bldg., Room No., if any				my diffici 40 di angama
Street 2300 M st NW Suite 800	(All March 1987) Spring appropriate and the control of the control	akasi dikasi bina bida bidas Gariya Kwanasa bilandura di		
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Name of Person Filing	Donald	Calabana
Name of Ferson Fining	Donaid	Saisperv

Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Kelly Press Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1701 Cabin Branch Road City Cheverly State Maryland ZIP Code + 4 20785	a. Labor Organization b. Trust c. Employer	3
	11.a. Nature of such dealing.	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	Provider of printing and publishin	g materials
P.O. Box, Bldg., Room No., if any Street		
City [
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$1,033,700
	12.a. Nature of interest held or income received. Golf greens: fees	
	12.b. Amount.	\$210

	Name of Person	Filing	Donald	Salsberv
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Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Comerica Bank	a. Labor Organization	
Trade Name, if any:	di Lassi Giganization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 411 West Lafeyette St.	c. Employer	ą.
City Detroit		
State Michigan ZIP Code + 4 48226		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name UFCW Pension Plan for Employees	Custodial investment services	
Trade Name, if any:	nder Stragen von Helpstermannspringeren en sein Tigens vertiged sen sontragen der der jede Franse	
P.O. Box, Bldg., Room No., if any		
Street 1775 K Street, NW		
City Washington		
State District of Columbia ZIP Code + 4 20006	11.b. Approximate dollar value of such dealing.	\$116,947
	12.a. Nature of interest held or income received.	
	Business lunch	and a complete the second
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	li este produce d'anticipa d'archigi, paris de la constitu Ella di Angerta d'anticipa de 1470 a 1621. Esta e 160 al 162 ani	
	12.b. Amount.	Apple 201 100

Name of Person Filing	Donald	Salsherv

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Alliance Capital Management		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1345 Avenue of the Americas	c. Employer	ફ
City New York	\$200,000 P	•
State New York ZIP Code + 4 10105		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name UFCW Pension Plan for Employees	Investment management services	
Trade Name, if any:		
એક લેકાન તમારે ભાગમાં માટે કરે છે. તેને કરી કરવા કરવા મહાના મહાના માટે કરવા કરવા મહાના મહાના મહાના મહાના મહાના મહાના મહાના મહ		indiana propagation paragraphic
P.O. Box, Bldg., Room No., if any		
Street 1775 K Street, NW		
City Washington		
State District of Columbia ZIP Code + 4 20006	11.b. Approximate dollar value of such dealing.	\$313,819
	12.a. Nature of interest held or income received.	
	Golf greens fees and business dinn	er
•		
		internation of the second of
		Titler of the Control
	12.b. Amount.	\$245

Name of Person Filing	Donald	Salsbery

Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Willis of Maryland .	a. Labor Organization	
Trade Name, if any:	Para para para para para para para para	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 6700 Rockledge Drive	c. Employer	§
City Bethesda		
State Maryland ZIP Code + 4 20817		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Provider of insurance brokerage se	ervices
Trade Name, if any:		Herreicher der Gesteller Frieder Kongenieren Gesteller († 1886)
P.O. Box, Bldg., Room No., if any		
Street Public Property and Prop		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$1,784,446
	12.a. Nature of interest held or income received.	
	Golf greens fees	
•		rishder och flyriddig tolengen som Klimppygle i del salvedig prograd i stor
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		AND SAID OF CONTRACT
	12.b. Amount.	2000 - 200 - 200 S120

Name of Person Filing	Donald	Salsbery
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Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name State Street Global Advisors Trade Name, if any: P.O. Box, Bldg., Room No., if any Street One Lincoln St., 33rd Floor City Boston State Massachusetts ZIP Code + 4 02111	a. Labor Organization b. Trust c. Employer	3
Fig. 1. Language and the second secon	11.a. Nature of such dealing.	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	Investment management services	
P.O. Box, Bldg., Room No., if any Street		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$6,934
	12.a. Nature of interest held or income received. Golf greens fees Business lunch	
	12.b. Amount.	\$250